| • Ohio | Department of Taxation P.O. Box 182215 Columbus, OH 43218-2215 | | | Applicat | Rev. 12/09 tion for nt Vendor' | 's Licen | se |
|--|---|--------------------------|--------------|----------------|--------------------------------------|---|--------------------|
| | (888) 405-4089 | | | s license no | | | |
| Federal employer | identification no. | Social Security no. / | ITIN | Ohio corpo | orate charter | no. / certific | cate no |
| | nership: (10) Sole owner) LLP | . , . | | | · · · | profit 🗌 | |
| 2. When did you or | will you begin making tax | able sales in Ohio? (M | M/DD/YY) — | | | | |
| | ng this license to make business? Yes 🗌 No 🗌 | sales at a temporary | place of bu | | | - | |
| 4. Provide NAICS c | ode and state nature of b | usiness activity | | (NA | For the most cu NCS on our Web | rrent listings, o site at tax.o l | search hio.gov. |
| 5. Legal name | oration, sole owner, partnership, et | c.) | | | | | |
| | BA | | | | | | |
| 7. Primary address | Address of corporation, sole owne | r portporchip oto | City | | State | ZIP co | |
| | | r, parmersnip, etc. | Сцу | | State | ZIP CC | Jue |
| | ess phone no. | Fax no. | | | Secondary pho | one no. | |
| - (| If different from above) | | City | 1 | State | ZIP c | ode |
| 9. How much sales | tax do you expect to colle | ect each month? Less | han \$200 🕒 | \$200 or g | reater | | |
| 10. If you operate as | a corporation or partners | hip, list appropriate na | mes, address | ses and ider | ntification nu | mbers bel | low. |
| Title | Stroot | City | Stata | ZID codo | | | |
| Title Name | Street | City | State | ZIP code | | / ITIN / FEIN | |
| Title Name | Street | City | State | ZIP code | SSN / | / ITIN / FEIN | |
| | | | | [| | | |
| Title Name | Street | City | State | I ZIP code | SSN / | / ITIN / FEIN | |
| 11. Name, phone nu count | mber, fax number and e-r | mail address of indivic | ual the depa | rtment shou | uld contact r | egarding t | this ac |
| Name | Phone no. | | Fax no. | E-mail address | | | |
| Date | Signature of applic | ant | | | | | |
| Fee for this licens the address above. | e – \$25 (made payable t | o Ohio Treasurer of | State). Send | the origina | l application | and \$25 | fee to |



Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of* 1974 requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.